


**EE TRANSMITTAL
FOR FY 2002**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$110.00)

Complete if Known

| | |
|----------------------|-----------------|
| Application Number | 09/648,153 |
| Filing Date | August 25, 2000 |
| First Named Inventor | Jun KOYAMA |
| Examiner Name | D. Chow |
| Art Unit | 2675 |
| Attorney Docket No. | 740756-2204 |

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--------------------------------|----------|
| 1001 | 740 | 2001 370 Utility filing fee | |
| 1002 | 330 | 2002 165 Design filing fee | |
| 1003 | 510 | 2003 255 Plant filing fee | |
| 1004 | 740 | 2004 370 Reissue filing fee | |
| 1005 | 160 | 2005 80 Provisional filing fee | |

SUBTOTAL (1) (\$ 0)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|--|----------|
| | -20** | = <input type="text"/> X <input type="text"/> = <input type="text"/> | 0 |
| Independent Claims | -3** | = <input type="text"/> X <input type="text"/> = <input type="text"/> | 0 |
| Multiple Dependent | | X <input type="text"/> = <input type="text"/> | 0 |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
|----------------------------|----------------------------|---|
| 1202 | 18 | 2202 9 Claims in excess of 20 |
| 1201 | 84 | 2201 42 Independent claims in excess of 3 |
| 1203 | 280 | 2203 140 Multiple dependent claim, if not paid |
| 1204 | 84 | 2204 42 ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 9 ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Description |
|----------------------------|---------------|--|-----------------|
| 1051 | 130 | 2051 65 Surcharge – late filing fee or oath | |
| 1052 | 50 | 2052 25 Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 130 Non-English specification | |
| 1812 | 2,520 | 1812 2,520 For filing a request for <i>ex parte</i> reexamination | |
| 1804 | 920* | 1804 920* Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 1,840* Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 55 Extension for reply within first month | \$110.00 |
| 1252 | 400 | 2252 200 Extension for reply within second month | |
| 1253 | 920 | 2253 460 Extension for reply within third month | |
| 1254 | 1,440 | 2254 720 Extension for reply within fourth month | |
| 1255 | 1,960 | 2255 980 Extension for reply within fifth month | |
| 1401 | 320 | 2401 160 Notice of Appeal | |
| 1402 | 320 | 2402 160 Filing a brief in support of an appeal | |
| 1403 | 280 | 2403 140 Request for oral hearing | |
| 1451 | 1,510 | 1451 1,510 Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 55 Petition to revive – unavoidable | |
| 1453 | 1,280 | 2453 640 Petition to revive – unintentional | |
| 1501 | 1,280 | 2501 640 Utility issue fee (or reissue) | |
| 1502 | 460 | 2502 230 Design issue fee | |
| 1503 | 620 | 2503 310 Plant issue fee | |
| 1460 | 130 | 1460 130 Petitions to the Commissioner | |
| 1807 | 50 | 1807 50 Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 180 Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 40 Recording each patent assignment per property (times number of properties) | |
| 1809 | 740 | 2809 370 Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 | 740 | 2810 370 For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 | 740 | 2801 370 Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 900 Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$110.00)**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on _____.

Name: _____

SUBMITTED BY*Complete (if applicable)*

| | | | | | |
|-------------------|----------------------|-----------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | Jeffrey L. Castellia | Registration No. (Attorney/Agent) | 35,483 | Telephone | (703) 770-9300 |
| Signature | | | | Date | November 18, 2002 |

Please type a plus sign (+) inside this box → [+]

2675
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

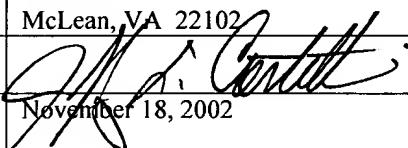
| | | | |
|--|--|------------------------|-----------------|
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| | | Group Art Unit | 2675 |
| | | Examiner Name | D. Chow |
| Total Number of Pages in This Submission | | Attorney Docket Number | 740756-2204 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. |

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Technology Center 2800

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|--|
| Firm or Individual name | Jeffrey L. Costellia - 35.483 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102 |
| Signature |  |
| Date | November 18, 2002 |

CERTIFICATE OF MAILING

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| Signature | | Date |

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